

Permit # \_\_\_\_\_ - \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**

PHONE NO. (912) 651-6530

FAX NO. (912) 651-6543

PAYMENT ACCEPTED BY CHECK OR MONEY ORDER ONLY

**INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA**(Note: application must be completed **in ink** and an incomplete application may delay approval process)

**I. PROJECT ADDRESS:** \_\_\_\_\_ **PIN #** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_ **SUBDIVISION** \_\_\_\_\_  
**OWNER NAME:** \_\_\_\_\_ **OWNER ADDRESS:** \_\_\_\_\_  
**OWNER CITY/STATE/ZIP:** \_\_\_\_\_ **OWNER TEL. NO.:** \_\_\_\_\_  
**COMPLETE DESCRIPTION OF WORK:** \_\_\_\_\_

**VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT):\$** \_\_\_\_\_

**CLASS OF WORK:**    ☐ **NEW**        ☐ **ADDITION**        ☐ **ALTERATION**        ☐ **REPAIR**  
                              ☐ **DEMOLITION**        ☐ **SIGN**                ☐ **OTHER** \_\_\_\_\_

**PROPOSED USE FOR THIS PERMIT:** (If more than one option, check all appropriate)

_____ 1 FAMILY	_____ ASSEMBLY/CHURCH	_____ MERCANTILE
_____ 2 FAMILY	_____ AMUSEMENT/RECREATIONAL	_____ STORAGE
_____ MULTI-FAMILY	_____ BUSINESS	_____ ANTENNA/TOWER
_____ HOTEL/MOTEL	_____ OFFICE/PROFESSIONAL	_____ EDUCATIONAL
_____ GARAGE/CARPORT	_____ HOSPITAL/INSTITUTIONAL	_____ PARKING GARAGE
_____ FACTORY/INDUSTRIAL	_____ OTHER _____	

**CURRENT / PRIOR USE:** \_\_\_\_\_**II. WHO WILL BE RESPONSIBLE FOR THIS WORK?**    ☐ **OWNER**    ☐ **TENANT**    ☐ **CONTRACTOR**

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**\*\*\*GEORGIA LICENSED SUB CONTRACTORS WORKING ON PROJECT\*\*\***

(If you have not selected the sub contractor please write in "T.B.L." which means "to be licensed")

ELECTRICAL: \_\_\_\_\_ TEL# \_\_\_\_\_

PLUMBING: \_\_\_\_\_ TEL# \_\_\_\_\_

HVAC: \_\_\_\_\_ TEL# \_\_\_\_\_

FIRE PREVENTION: \_\_\_\_\_ TEL# \_\_\_\_\_

PHONE/COMPUTER: \_\_\_\_\_ TEL# \_\_\_\_\_

**III. PLAN CONSIDERATIONS AND SUBMITTAL:**

_____ Survey	_____ Plot Plan	_____ Wall Detail
_____ PMD Write Up	_____ Architectural Plans	_____ Electrical/Plumbing/HVAC
_____ No Plans Submitted	_____ Foundation/Floor Plan	_____ Sprinkler/Alarm

Water Service: City of Savannah, \_\_\_\_\_ Private Well \_\_\_\_\_ or Other \_\_\_\_\_

Location and size of Water Main (Information call **651-6584**) \_\_\_\_\_

Sewer Service: City of Savannah, \_\_\_\_\_ Septic Tank \_\_\_\_\_ or Other \_\_\_\_\_

Location and depth of Sewer Main (Information call 351-3898) \_\_\_\_\_

Is the property in a designated wetland? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes attach Corp. of Engineer's letter or see Zoning)

How many existing electric meters? \_\_\_\_\_ How many additional electric meters? \_\_\_\_\_ # of Stories \_\_\_\_\_

Does the building have a fire sprinkler system? \_\_\_\_\_ How many sq. feet in bldg? \_\_\_\_\_

Will/does the water connection include a backflow device? Please circle: Yes \_\_\_\_\_ or No \_\_\_\_\_

Will/does the building have a grease trap? Circle: Yes \_\_\_\_\_ No \_\_\_\_\_ / Inside \_\_\_\_\_ Outside \_\_\_\_\_ / Size \_\_\_\_\_

## WHOM DO WE CONTACT FOR DESIGN EXPLANATIONS?

NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

## IV. FLOOD INSURANCE AND FLOOD ZONES

**A. The 50% Rule.** (For substantially improved or substantially damaged dwellings): If the structure is in a flood zone, to meet the requirements of the NFIP, you must check the estimate of your repairs (labor, materials & P&O) against the fair market value (FMV) of your structure. If your repairs or renovations over a five (5) year period amount to more than 50% of the FMV, you must submit a Flood Elevation Certificate, signed by a registered surveyor, that the lowest floor or horizontal structural member is above the area's flood elevation plus one foot. **If the structure's lowest floor elevation is below the designated flood elevation, IT MUST BE RAISED TO THE PROPER ELEVATION.**

**B. The following information is supplied to aid you in applying for flood insurance and/or financing.**

1. The property is in Flood Zone: X \_\_\_\_\_ A \_\_\_\_\_ AE \_\_\_\_\_ VE \_\_\_\_\_ LOMA \_\_\_\_\_
2. The property FIRM Map Number is: **13051C-** \_\_\_\_\_ **-F**, revision date is: 9/26/2008.
3. The Finished Floor Elevation of the structure's lowest floor plus 1 foot freeboard must be: \_\_\_\_\_ (NAVD 1988) **or** the elevation of the structure's lowest horizontal structural member plus 1 foot freeboard must be: \_\_\_\_\_ (NAVD 1988).

**V.** I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

The signer of this document has verified access to city water and sewer services for this property. Any necessary connection and requirements for service has been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review.

\_\_\_\_\_  
**Printed Name of Applicant**  
(Not Company Name)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

### FOR OFFICE USE ONLY

Flood Zone: \_\_\_\_\_  
Use Zone: \_\_\_\_\_  
Zoning District \_\_\_\_\_

BFE Cert. Needed \_\_\_\_\_  
Constr. Type: \_\_\_\_\_  
Report Code: \_\_\_\_\_

Occup. Type: \_\_\_\_\_  
Square Ftg: \_\_\_\_\_  
# of Stories \_\_\_\_\_

#### PLANS REVIEWED BY:

FLOOD \_\_\_\_\_  
ZONING \_\_\_\_\_  
BUILDING \_\_\_\_\_  
LIFESAFETY \_\_\_\_\_  
ELECTRICAL \_\_\_\_\_  
PLUMBING \_\_\_\_\_  
MECHANICAL \_\_\_\_\_

FIRE \_\_\_\_\_  
AR \_\_\_\_\_, FS \_\_\_\_\_, SK \_\_\_\_\_  
TRAFFIC \_\_\_\_\_  
CITY ENGINEER \_\_\_\_\_  
MPC \_\_\_\_\_  
Hist. Review Brd. \_\_\_\_\_  
WATER / SEWER \_\_\_\_\_

#### **FEES:**

**TOTAL PERMIT \$** \_\_\_\_\_

**P R F DUE \$** \_\_\_\_\_

**P R F PAID \$** \_\_\_\_\_

**CHECK/MO #** \_\_\_\_\_

**REMAINING BAL \$** \_\_\_\_\_

**REMAINING PAID \$** \_\_\_\_\_

**CHECK/MO #** \_\_\_\_\_